



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/007,452
	Filing Date	11/08/2001
	First Named Inventor	Phillip Kent Freyman
	Group Art Unit	2644
	Examiner Name	Daniel Swerdlow
Total Number of Pages in this Submission	Attorney Docket Number	PD05979AM

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts X ISSUE FEE/PART B TRANSMITTAL X CHANGE OF CORRESPONDENCE ADDRESS
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Esteban A. Rockett	Registration No.	55,578
Signature			
Date	June 7, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name	Carol J. Smith
Signature	
Date	June 8, 2005